



ADDICTION POLICY FORUM

Rural America and the Opioid
Crisis

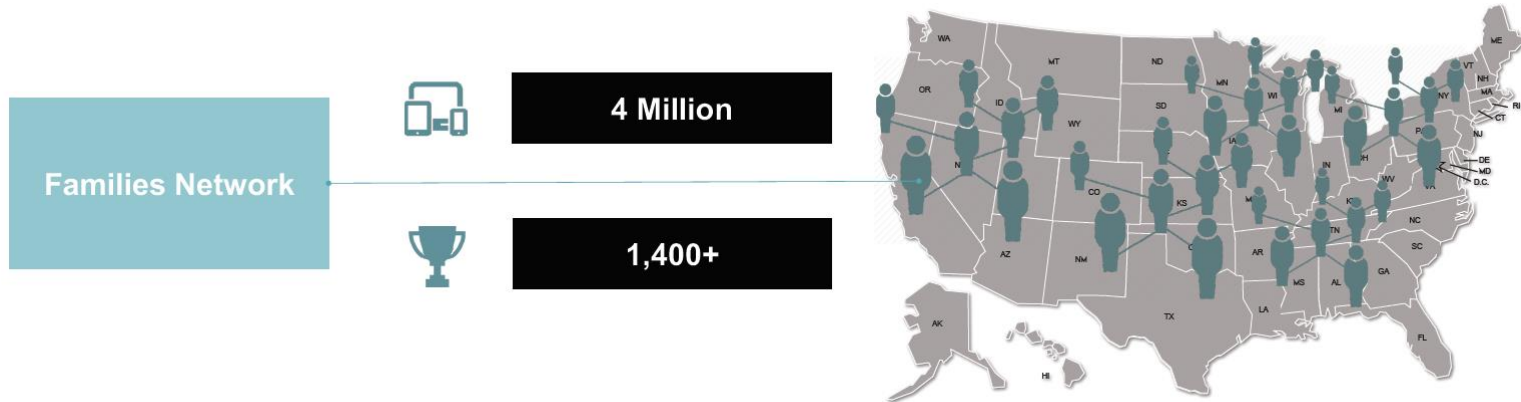
February 21, 2018

Addiction Policy Forum

The Addiction Policy Forum is a diverse partnership of organizations, policymakers, and stakeholders committed to working together to elevate awareness around addiction, and to improve programs and policy through a comprehensive response that includes prevention, treatment, recovery, and criminal justice reform.

We envision a world where fewer lives are lost and help is readily available for the millions of Americans affected by addiction every day.

Network of Families



Strategic Initiatives



Translation of
Science



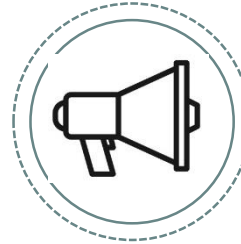
Policymaker
Engagement



Community
Building



Education and
Awareness



Emergency
Response



Addiction A to Z

Focus on
Innovation

CARA Working
Group

CARA Family Day

Forum Series

State and Local
Blueprints

Families
Committee

Train the Trainer

State
Captains/Affiliates

#144aDay

Video Explainers

Rx Safety and
Disposal

Crisis Center/800
Number

ED Post-
Overdose
Protocol

Patient Portal



The Problem

Substance abuse has had a devastating impact on families in the United States.

According to the Centers for Disease Control, 174 people per day die of drug overdoses while admissions to treatment for prescription opiates has increased 500 percent.

We can do better.

22

In 2015, 21.7 million people in the United States needed substance use disorder treatment, but only 11% received it.

23

Over 23 million Americans are in recovery from addiction to alcohol & other drugs.

700

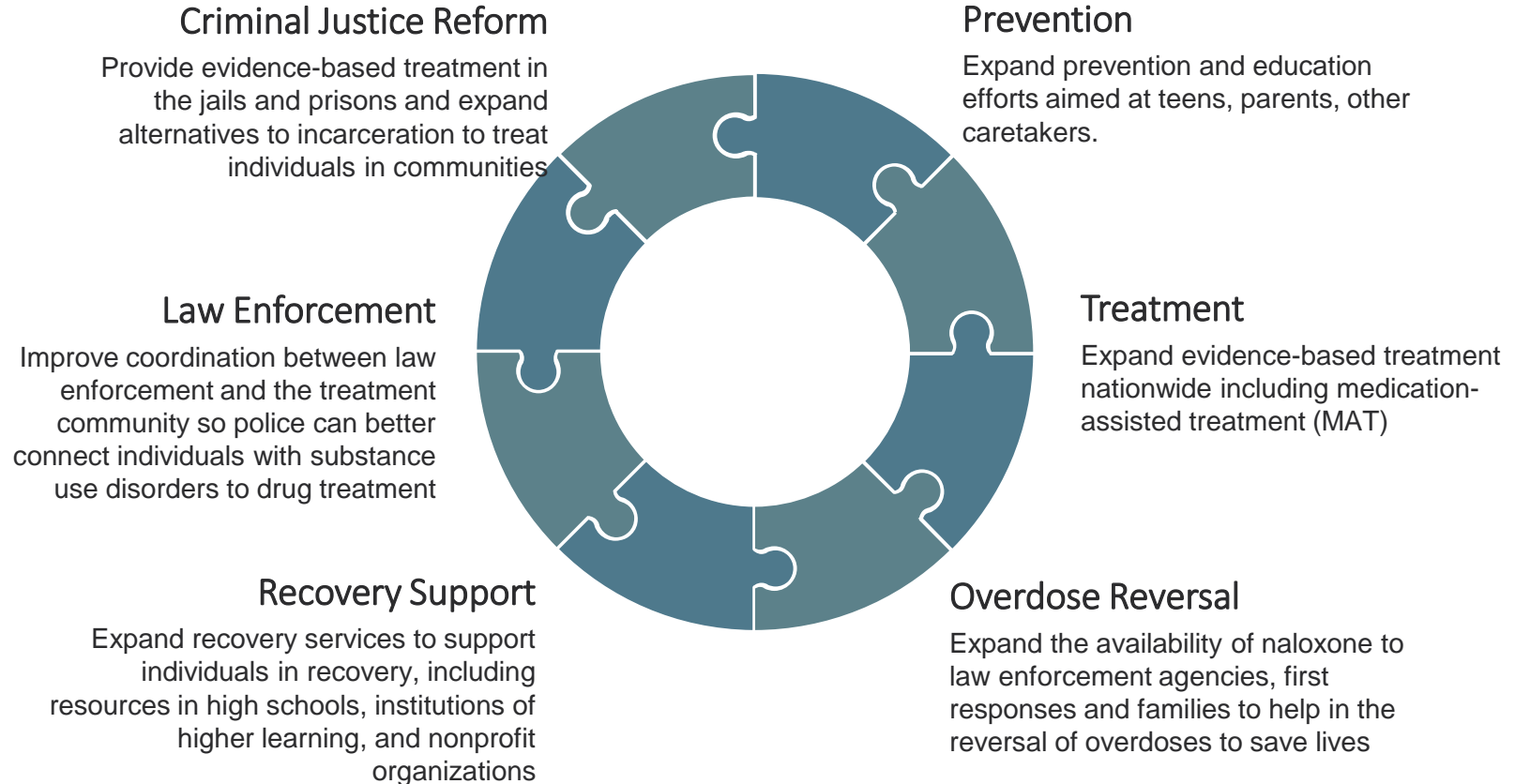
Abuse of tobacco, alcohol, and illicit drugs is costly to our Nation, exacting more than \$700 billion annually in costs related to crime, lost work productivity and health care.

50

Fifty percent of people incarcerated are classified as being dependent on drugs.



6 Key Elements of a Comprehensive Response





PRIORITIES TO ADDRESS ADDICTION *in* AMERICA

1 Help Families in Crisis

2 Expand Treatment

3 Drive Discovery

4 Expand Recovery Support

5 Prevent Addiction

6 Protect Children Impacted

7 Reframe Criminal Justice

8 Advocate and Educate



For more information visit:

www.AddictionResourceCenter.org

Provider and Services Database Emergency Medicine Initiative



Achieving Better Outcomes for Incarcerated Individuals Reentering Society with a Substance Use Disorder

Pennsylvania's Medication Assisted Treatment (MAT) Pilot Program For Justice-Involved Individuals is a program focused on achieving better outcomes for individuals experiencing substance abuse issues who are reentering society following a period of incarceration within a Pennsylvania Department of Corrections (PA DOC) facility. PA DOC and Secretary John Wetzel take seriously their responsibility for addressing the barriers to their inmates' success post-incarceration. This meant addressing the fact that about 2/3 of individuals entering PA DOC custody have a substance abuse problem and unless decisively addressed during incarceration, would likely contribute to future involvement with the criminal justice system.

PA DOC decided to try a different approach to keeping incarcerated individuals sober and away from drugs. For other diseases, such as diabetes, medication is a normal part of treatment. Medication assists people in becoming and staying healthy, but for some reason medication had not been translated into an approach at DOC for the treatment of those with the disease of addiction. It took the step of recognizing at the system level that addiction is a disease, not a crime, and that its traditional approach to addressing alcohol and drug addiction was not sufficient.

Recognizing this gap led to the creation of the Medication Assisted Treatment (MAT) reentry pilot program at PA DOC's SCI-Muncy facility.

Prior to leaving prison or confinement, PA DOC provided Vivitrol injections to a pilot cadre of female reentrants at the SCI-Muncy facility who were returning to Allegheny, Dauphin or Philadelphia counties. This was followed up post-reentry with both a monthly shot and cognitive behavioral therapy to reduce likelihood that they would lapse back into substance abuse. Researchers from Penn State Pilot University critically evaluated the

"We believe in the power of education to help people understand how things work and how they can be better. Programs like this help those who are in need of a second chance for a new start."

initiative and were able to demonstrate that PA DOC could effectively manage additional selected facilities. These sites were ultimately closed by the Physician General.

To implement the program, workers at each SCI and Corrections who interact with staff inside the SCIs, corrections staff, Social workers, and staff who interact with external stakeholders, such as the Department of Probation and Parole, and other associated service providers.

PA DOC is working closely with the U.S. Department of Health and Human Services (HHS) to establish the expanded group. Approval will require review by the Pennsylvania Department of Drug and Crime Prevention (DDAP) Division of Drug Control, the U.S. Drug Enforcement Administration (DEA), and the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

Additionally, PA DOC MAT services through Services (BTS). The co

Focus on Innovation: A series to highlight innovative programs across the country that contribute to a comprehensive strategy to address addiction.

FOCUS ON INNOVATION: Maryland Overdose Response Program



The purpose of the Overdose Response Program is to provide education and training for individuals on overdose response – including the administration of naloxone, also known as Narcan®, which quickly reverses opioid-related overdoses.

In 2013, the Maryland State Legislature passed the law authorizing the development of the Overdose Response Program to address rising overdose deaths and a lack of access to naloxone in communities throughout the state. Officially launched in 2014 by the Maryland Department of Health and Mental Hygiene (DHMH), the Overdose Response Program is part of a statewide strategy to reduce the number of deaths related to drug overdose.

"This is about taking an all-hands-on-deck approach so that together we can save the lives of thousands of Marylanders."

Maryland Governor Larry Hogan

The Overdose Response Program facilitates training on the steps to respond to an opioid overdose, emergency and access to naloxone. DHMH authorizes local programs, provides technical assistance support, collects required reporting information, and develops reports on statewide progress to make naloxone more accessible. Training is available to the general public as well as targeted to at-risk community members who

These local programs have trained over 43,000 people in a variety of settings such as libraries, local health departments, detention centers and substance use disorder treatment facilities.

are most likely to be present at the scene of a drug overdose. To date, more than 60 programs throughout the state of Maryland are authorized to provide overdose response training. In FY 16, there was a noted increase of individuals who received Overdose Response Program because of their social experience.

Training includes information on recognizing the signs of an opioid overdose, the significance of contacting emergency medical services, how to both assemble and administer naloxone, and how to care for the person afterward. Many Overdose Response Program trainings also include information on local resources, such as substance use disorder treatment options.

Upon completion of training, participants receive a certificate that can be used to get naloxone at any pharmacy in Maryland without a prescription through a statewide standing order. Many local programs provide the drug at the time of training free of charge, while others will connect participants to a pharmacy where naloxone is obtained through insurance.

During the 2016 fiscal year, there were a total of 863 reported administrations of naloxone, a 464% increase in reports from the previous fiscal year.

92% of individuals to whom naloxone was administered survived, and 83% were transported to an emergency department. 65% of naloxone administrations occurred in a private residence with 24% occurring in an outdoor public space.

DHMH collects demographic information about each participant so the program can continually improve targeting of at-risk individuals and provide more effective training. This centralized data collection is unique and allows for statewide program evaluation.

AWARE RECOVERY CARE



ware Recovery Care (ARC) provides at-home treatment services for drug and alcohol addiction throughout Connecticut and New Hampshire. Modeled closely on the existing nurse program, ARC was founded in June of 2011 by a group of healthcare professionals and entrepreneurs in recovery who collaborated with addiction specialists from Yale University and thought leaders in the field to create a comprehensive model of care that was otherwise missing for individuals with substance use disorders; in-home treatment. Each ARC client is assigned a multidisciplinary team of specially trained treatment professionals who work with the client and the family in their very own living space to develop the skills necessary to live in long-term recovery from addiction.

A team of clinicians and professionals (most of whom are in long-term recovery themselves) is assigned to care for each client once the individual's specific needs have been assessed and the level of care has been deemed clinically appropriate. This team is supervised by and led by an addiction psychiatrist and supported by several other staff members who include a nurse practitioner, licensed social workers, two peer educators, one case manager, one counselor specifically caring for adolescents (e.g., LCSW, LPC), master's level clinician, MSW, LADC, or Eddington RNCI, and an individual therapist. Clients frequently receive visits by members of their clinical team, as well as daily support from a certified recovery advisor (CRA) whose role is to provide information about local resources such as housing, food, story, and gender are matched with the client. All treatment occurs one-on-one and follows a curriculum that utilizes evidence-based practices and is designed to help clients develop skills needed to sustain recovery while focusing on developing skills and healthy routines, as well as improving family dynamics when applicable.

Part of ARC's success can be attributed to the fact that it is a comprehensive, year-long program. Recent studies have shown that individuals who maintain abstinence from drugs and alcohol for an entire year have an 80 percent chance of sustaining their abstinence.¹ If the year-long program has been completed and a client needs to extend their length of treatment, they can elect to do so.

"The substance use treatment industry will completely change within the next ten years, and Aware Recovery Care will be at the forefront...It's taking many things that we know are effective and combining them into one. In my opinion, it's going to be the way that we handle addiction in the future."

- Ellen Lockhard Edens, MD,
Assistant Professor of Psychiatry; Associate
Fellowship Director, Addiction Psychiatry

Some clients enter the program directly after having gone through treatment in an intensive inpatient facility, while others come to ARC as a first line of treatment, or those transitioning from higher levels of care. ARC helps to make sure that this period—during which patients are at high risk of relapsing—goes smoothly by maintaining close contact with the client and creating an individualized treatment plan that builds upon and implements skills that the client began to develop during their inpatient stay. All clients experience the benefits of being able to receive treatment and specialized care while remaining within the familiar surroundings of their own homes, communities, schools, and inpatient facilities, with their loved ones. This is significant because learning to live in recovery ultimately does not happen within controlled, unfamiliar environments, but rather within individuals' homes and communities.

Clients in need of extra support, such as those who have undergone multiple residential treatment stays and relapses, may decide to participate in one of ARC's many technologically advanced offerings, such as its voluntary GPS tracking system and various methods of random alcohol and drug testing.

The Focus on Innovation series highlights programs across the country that contribute to a comprehensive strategy to address addiction.

Hub & Spoke, Vermont

Streamlining opioid use disorder and integration into medicine

How It Works

Goal: Create a coordinated, reciprocal clinical connection between specialty addiction treatment centers and general medical practice.

Provides MAT for individuals with opioid addictions, **creates a framework for integrating treatment** for addiction into general medicine, and **expands recovery support and continuum of care** needed to improve outcomes.

“Hubs” are specialized intensive treatment centers that works in coordination with general medicine and other supports locally to create a continuum of care.

“Spokes” offer individuals a three-person primary care team, with a clinician or counselor, nurse and physician. Together, this team uses a multipronged approach, which includes the use of general medicine along with a continuum of care for recovery support.

Demonstrating Success

Since the implementation, Vermont has improved access to care and the integration of addiction treatment into healthcare.

Participants report improved functioning after discharge.

Vermont has continued to see a decline in all age groups reporting misuse of prescription pain relievers in the past year.

At the same time, the number of people in the state receiving treatment for opioid abuse and dependence has significantly increased

For more information:

<http://www.addictionpolicy.org/single-post/2017/03/13/hubandspoke>

START, Kentucky

(Sobriety Treatment and Recovery Teams)

Child Welfare intervention to parents with substance use disorders and services for the family.

How It Works

Goal: Help families with parental substance abuse and child abuse/neglect achieve sobriety. Keep children safe and reduce placement in state custody and keeping children with their families when appropriate.

Pairs social workers with a family mentor to work in collaboration with the families, providing:

- **Peer support**
- **Intensive treatment**
- **Child welfare services**

Each START team has up to **four specially trained caseworkers from Child Protective Services** and a family mentor.

Each **team member conducts multiple visits each month** to their assigned families.

Together, the START team **creates a customized service plan** based on the family's needs.

Demonstrating Success

Effective at improving outcomes for mothers. Mothers who participated in START achieved sobriety at nearly twice the rate of mothers treated without START (66 percent and 37 percent, respectively).

Effective at keeping children at home. Children of participating families were half as likely to be placed in state custody as compared with children in a matched control group (21 percent and 42 percent, respectively).

Significant outcomes in cost-effectiveness—for every \$1.00 spent on START, Kentucky avoided spending \$2.22 on foster care.

For more information:

<http://www.addictionpolicy.org/single-post/2017/03/08/Sobriety-Treatment-and-Recovery-Teams-START>

State Chapters

1. Connecticut
2. Illinois
3. Maryland
4. Massachusetts
5. Minnesota
6. New Hampshire
7. New York
8. Ohio
9. Virginia
10. Wisconsin







THANK YOU